

FILED FEB 17 1951

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4730**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **480**

I. PLACE OF DEATH
a. COUNTY **JACKSON**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **KANSAS CITY**
c. LENGTH OF STAY (in this place) **25 years**
d. FULL NAME OF HOSPITAL OR INSTITUTION **113 West 78th TERRACE**

2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **JACKSON**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **KANSAS CITY 2908**
d. STREET ADDRESS (If rural, give location) **113 WEST 78th TERRACE**

3. NAME OF DECEASED
a. (First) **August** b. (Middle) **Louis** c. (Last) **EMME**

4. DATE OF DEATH (Month) (Day) (Year)
JAN-31-1951

5. SEX **MALE** **6. COLOR OR RACE** **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH **April 21, 1874**

9. AGE (In years last birthday) **76 years**
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED

10b. KIND OF BUSINESS OR INDUSTRY
CUSTODIAN

11. BIRTHPLACE (State or foreign country)
HAVANA Illinois

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
HENRY EMME

13b. MOTHER'S MAIDEN NAME
Regina Hahn

14. NAME OF HUSBAND OR WIFE
EMMA EMME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME **ADDRESS**
RAYMOND E. GOULD 1508 E. 74th KANSAS CITY, MO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arterio Sclerotic Heart Disease**
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **None**
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4250

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
Accidental

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:55 p.m., from the causes and on the date stated above.**

23a. SIGNATURE **Hugh H. Owens** (Degree or title)
Hugh H. Owens, M.D.

23b. ADDRESS
1234 Oak St. Blk. 2-157

23c. DATE SIGNED
2-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
FEB. 3-1951

24c. NAME OF CEMETERY OR CREMATORY
FLORAL HILLS CEMETERY

24d. LOCATION (City, town, or county) (State)
KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.
2-2-51

REGISTRAR'S SIGNATURE
Sheraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**
D. H. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address R.P. Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.